

Barchester Healthcare Homes Limited

Shelburne Lodge

Inspection report

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Date of inspection visit:
16 May 2018
18 May 2018

Date of publication:
01 August 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 16 and 18 May 2018 and was unannounced on the first day. During the most recent inspection of Shelburne Lodge in March 2017 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was because we found management of people's medicines were not effective. The provider had failed to maintain accurate records in respect of people using the service. Sufficient numbers of staff were not deployed to meet the needs of people using the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, responsive and well led to at least good.

During this inspection we found the provider had made improvements and was now meeting the regulations.

Shelburne Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Shelburne Lodge accommodates 54 people in one adapted building. At the time of our inspection there were 45 people using the service, 21 on the ground floor and 24 on the upper floor. The service requires a registered manager to manage the service. At the time of our inspection a registered manager was in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed views from people we spoke with about the service. Comments included, "I use my buzzer, they don't always come quickly", "Yes I use my buzzer; if you want a shower you can have one, you feel safe, they know how to do it", "Yes I have three pills a day and it all goes well". Relatives told us, "My [family member] gets on well with the carers", "I hear call bells going off and they seem to answer them very quickly", "On the whole they are alright, weekends are usually alright", "I've never regretted [family member] being here".

Safeguarding adults' procedures were in place and staff understood how to protect people from the risk of abuse.

The service had safe recruitment procedures in place to ensure only suitable staff were appointed. Sufficient

staff were available to meet people's needs.

Risk assessments were not always completed according to identified risks. Staff sought people's consent and involved them in the care planning process where possible.

People received their medicines as the prescriber intended. Audits were in place to monitor the administration of people's medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service ensured people had access to healthcare professionals when required. The GPs involved in the service carried out routine visits and advice was sought from other professionals when required.

The service had a complaints procedure which was available for people and their families to use as necessary.

Audits were carried out to monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks assessments did not always ensure people's safety.

Medicines were managed appropriately.

Staffing levels ensured people received care when they needed it.

Recruitment procedures ensured suitable staff were appointed.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff with relevant training to perform their role effectively.

Staff received regular supervisions to monitor their performance and development.

A range of professionals were involved in assessing and implementing people's care and treatment.

Good ●

Is the service caring?

The service was caring.

People's dignity was protected and staff treated them with respect.

People and their families were involved in care and treatment plans.

People were encouraged to personalise their rooms with personal furnishings of their choice.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People could take part in a range of activities to avoid social isolation.

People were supported at the end of their life. End of life wishes were documented.

The service had procedures in place for people to follow if they wished to make a complaint.

Is the service well-led?

The service was well led.

The service had a clear vision about how it should support people.

Staff felt supported and valued by the management team.

Audits ensured the service was monitored to provide a quality service.

Good ●

Shelburne Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced on the first day and took place on the 16 and 18 May 2018. The inspection team consisted of two inspectors and an expert by experience on the first day. The second day one inspector completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law. In addition, we requested feedback from local authority commissioning with experience of the service. We received this information prior to our inspection.

We spoke with the registered manager, the deputy manager, the activity coordinator, 12 members of the care team, one visiting GP and maintenance and reception staff. We spoke with twenty-one people who used the service and seven visiting relatives.

We reviewed 13 care records, medication charts on each floor, documentation in relation to quality assurance records and other records relating to the way the service was run.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

During our previous inspection in March 2017 we found the staffing levels were not sufficient to meet people's needs and medicines were not managed effectively. We found during this inspection the provider had made improvements and were now meeting these regulations.

We received mixed views from people we spoke with about the service. Comments included, "I use my buzzer, they don't always come quickly", "They don't like me walking on my own, they are frightened I might fall", "Yes I use my buzzer; if you want a shower you can have one you feel safe they know how to do it", "Yes I have three pills a day and it all goes well". Relatives told us, "My [family member] gets on well with the carers, "I hear call bells going off and they seem to answer them very quickly", "On the whole they are alright, weekends are usually alright", "I've never regretted [family member] being here".

We observed there were enough staff available throughout our visit to support people and that call bells were answered promptly. There were 21 people living on the ground floor and 24 on the second floor. Five members of staff were on each floor this included a registered nurse.

During our inspection we observed medicine administration and viewed medication administration records (MAR) for each person. We also completed a stock check of some medicines which included controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We found records in order and stock checks were correct at the time of our visit. In addition, the service supported people during the end of their life, anticipatory medicines were in place to enable prompt relief at whatever time a person develops distressing symptoms.

Risks to people were clearly and comprehensively identified and risk assessments had been undertaken on arrival at the home. However, some assessments, such as mattress settings, Do Not Attempt Resuscitation (DNAR) status, and weight checks were not always robustly reviewed, and this had led to some inconsistency in practice and outcomes. We alerted the registered manager to these concerns during the first day of our inspection. They told us this will be reviewed with immediate effect.

We were told by the registered manager during our initial meeting that one person with a cognitive disability "does their own care". We saw that they were nil by mouth with a documented "high risk of choking." They received nutrition via a percutaneous tube, it was recorded on the handover sheet that food and fluids should not be left within their reach. We also saw a risk assessment addressed this in the person's care plan. We noted the person could mobilise independently and may have been able to access inappropriate food and fluids from rooms nearby. However, staff were aware of this and the risk assessment referred to 'staff should observe the person when they are accessing communal areas.'

An incident policy was in place, correctly dated and reviewed. Staff we spoke with were able to discuss how they reported incidents, the process for follow up, and any learning that may be obtained from these.

There were robust plans in place for fire evacuation. We reviewed the equipment, the process and the training, and found the standard of knowledge to be high. Fire doors were not blocked open, and the corridors were mainly uncluttered allowing easy corridor access.

Records showed that "mock evacuation procedures" took place. Although evacuation had not actually taken place because of the acuity of people, this was in line with the correct response to planned evacuation with the Fire service. Staff were aware of which fire zones to use to move people to safety, and a "ski pad" was noted to be in an appropriate and accessible location.

The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at four recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.

Staff we spoke with had a good understanding of their roles and responsibilities in the safeguarding of adults. They told us they would report any concerns to the manager or external agencies such as the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us the indicators of abuse.

The premises were cleaned to high standards and appeared clean and free from obvious hazards during our inspection. We observed staff using personal protective equipment, for example plastic aprons were worn when required. The maintenance supervisor was based on site and was highly responsive to work or repair requests. There was a planned redecoration schedule for the upper floor and this included new lighting.

Is the service effective?

Our findings

People received care and support from staff that were provided with training to support people effectively. The induction for new staff covered the care certificate, legislation, policies and procedures, codes of practice and organisational requirements. A variety of learning was included such as work books, DVDs and e-learning. In addition, statutory and mandatory training sessions enabled staff to fulfil their role. Induction was 12 weeks with a Personal Development Plan at the end of the induction. We reviewed staff induction processes and records, training records and the overall training matrix. Compliance rates were substantially high, and staff members had their own competence folders.

We saw that clinical staff received specific training which enabled them to support people with complex nursing needs.

Staff told us they were supported in their role and had regular supervisions. Records we viewed confirmed there was regular supervision and annual appraisals, we saw these were appropriately documented. Staff told us the management team were positive. One member of staff told us, "I know where I am with the [registered manager] I think staff are well looked after." Another member of staff commented, "When I first came here it was a troubled home. It has been an uphill battle, we have worked so hard and we are getting there."

We received positive comments from people we spoke with about the competence of staff such as. "One nurse here is phenomenal", "The care here is good", "Night staff are good", "Staff are always good", "They are all good here and look after me."

There were menu boards on view on each floor, and these described menu choices for the meals being presented that day. We spoke with the chef and observed high quality freshly-cooked food of good nutritional standard being presented attractively at mealtimes. People had a choice of where to eat. If they wished, they were brought to the communal dining room, and sat at small tables with other people. We observed them being supported to eat, and noted the consistency of the food was as directed under the individual nutritional records.

People told us the food was good... "The food is excellent", "Excellent food there are four chefs", "There is good food and we have a choice." People who required a specific diet were catered for. For example, soft diets, fortified diets and diabetic diets. For people that had difficulties in swallowing, diets were modified so that food was soft and palatable. The service offered workshops for the catering team learning about dysphagia and producing modified menus.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

MCA capacity assessments were undertaken with people on arrival and at moments in their stay where this was deemed a requirement. Staff understood the Mental Capacity Act and had completed the assessments in line with their corporate policy. Care plans we reviewed contained these capacity decisions.

We saw that DoLS applications had been made when required to the local authority and best interest meetings had been held with the appropriate professionals, relatives and staff at the service. We were aware that 13 people had their liberty restricted. We saw people's care plans included consent details.

Do not attempt resuscitation (DNAR) orders were in place where appropriate. However, we saw one DNAR form was in place for a person who had capacity, could communicate and choose their own clothes to wear, and whose records clearly indicated they had expressed a wish not to give DNAR consent. However, a DNAR decision had been undertaken, and recorded, without the understanding or consent of the person or their family. The staff told us they were unaware of this decision, although diary records showed the request had been made to the surgery for a GP to review this. Further inconsistency arose because the records folder showed that the DNAR form was in place, but the daily handover sheet noted that the person was "for resuscitation". Staff we asked gave mixed opinions, which created further inconsistency and hazard. We discussed this with the registered manager during the first day of our inspection. They confirmed this would be looked into as soon as possible. On the second day of our inspection we saw the GP was visiting the service reviewing people's DNAR status. This meant the service was responsive and acted in people's best interest to ensure their wishes were respected.

The premises were well designed and provided people with an environment which promoted their independence. Passageways and communal areas were bright and provided people with a pleasant and safe environment in which to live. In addition, a coffee and seating area in the main reception was available for people to spend time with their friends and family.

A range of professionals were involved in providing additional care and support for people who required this. We saw evidence that speech and language therapists were part of the referral service. The service had several GP surgeries who visited on a regular basis.

Is the service caring?

Our findings

We received positive feedback about the caring nature of the staff at Shelburne Lodge. People commented, "They are kind", "They are gentle and kind", "I get on well with most of the carers", "It's not home, but I couldn't ask for anything more". Relatives told us, "They are really wonderful especially how they treat them (people living at the service) all the time and move them and talk to them", "They are excellent and friendly", "The nurses are very good and kind."

We saw many positive social interactions and actions of kindness from all staff. Relatives described warm and trusting relationships between staff and people living at Shelburne Lodge.

We observed and heard highly personal social interactions particularly by the registered manager to people and their relatives. The care and support we observed was given with attention to people's dignity and was provided in a respectful way. For example, staff knocked on people's doors before entering. Use of language within documentation was respectful and appropriate. We noted some use of "familiar" terms, and it was unclear whether permission has been given by people and families for this.

Staff we spoke with understood the importance of treating people as individuals irrespective of their gender, ethnicity or their physical or mental capabilities. The service had policies and procedures in place to guide staff. We observed kind and compassionate care, an example of this was when we observed staff explaining what they were doing to a person who was cared for in bed in an encouraging manner... "Are you comfortable [name]? Are you ready for lunch? A little soup, is it too hot?". Hangers were placed discreetly outside people's doors to show private time was required and to be respected, this allowed for families and friends to respect their relatives private time.

Staff provided information to people that considered their communication needs. We saw examples of this in people's care plans. For example, people with impaired vision, people unable to verbally communicate and people who were hard of hearing.

The service enabled people and their families to be involved in decisions about their care and support. We saw that regular reviews were held with people and their families to discuss any additions or changes to care. One family member told us, "If you have got an issue they will listen, they are very responsive."

The service supported people to access external bodies such as advocacy services when required. We saw advocacy service contact details displayed in the service. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For people who were

visually impaired the service provided, via Royal National Institute of Blind people (RNIB) the local talking newspaper. In addition, notices were displayed throughout the premises which enabled people to have access to information such as community events, recent meetings and activities taking place.

People could be assured that information held about them was treated confidentially which complied with the Data Protection Act. Records were stored securely on each floor of the service.

People were dressed appropriately for the ambient temperature and for the activities they were undertaking that day. Relatives and friends could visit without restriction. We saw visitors using the coffee area reading newspapers provided by the service and having refreshments during our visit.

There were homely touches which contributed to a warm, pleasant and caring environment. These included a cat on a resident's bed, and birdfeeder boxes on windows of those who were bedbound to provide alternative viewpoints rather than purely internal gaze.

Is the service responsive?

Our findings

The service carried out assessment of people's needs before they came to live at Shelburne Lodge. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as they were able. Rooms were personalised to the person's wishes and a service welcome pack given on arrival to ensure a smooth transition.

Care plans we viewed showed that regular reviews took place with people and included family involvement when necessary. In each person's room we saw a laminated photograph chosen by the person. This was decorative and visually appealing in the personalised bedroom. On the reverse of the photograph was specific information relating to the individual's care and support needs. This meant staff would have care details to hand yet information was not openly displayed.

The service offered a range of activities for people to take part in. This was displayed throughout the service so people could decide if they wished to join in. We received comments from people about the activities such as, "We have lots of entertainment-music groups, dominoes, bingo, I join in most of them", "The activities are so so, I prefer my own company", "Yes, there is bingo, people coming in with entertainment, my daughter joins in sometimes", "I'd love to go out in the homes van but I have never been in it". Relatives told us, "I think [family member] enjoyed the entertainment today but was more excited that she had been brought downstairs", "[Name] looks out at the hen pheasant, watches the squirrels in the woods; she doesn't get out of bed."

We saw entertainment take place during our visit which was a male singer, this was well attended by people and their friends and families. We noted that the service hosted other events such as birds of prey, visits from the local school and celebrating festivities such as pancake day, Mother's day and Chinese New Year celebrations. Chinese New Year Celebrations consisted of sampling Chinese tea, using chop sticks and watching a traditional lion dance.

We saw that one person enjoyed gardening. They were encouraged to help in the garden and the service bought the person their own potting shed. The person told us how happy they were and how their health had improved remarkably since moving into Shelburne Lodge.

There was a complaints procedure given to people and their families when they first joined the service. People told us they knew how to make a complaint... "Yes, complaints are dealt with." One person reported that they told the manager about the bad attitude of a member of staff. They said, "The manager told me they (member of staff) wouldn't come back again and they haven't." We saw there was one complaint this year which had been responded to appropriately.

Feedback could be given using the comments box located in the main reception area. In addition, a 'happiness tree' was available with cards for people to leave comments about the service.

The service supported people at the end of their life. This was supported by the palliative care nurses and the local GP. At the time of our inspection there were several people receiving end of life support.

Is the service well-led?

Our findings

During our previous inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider had not ensured robust systems were in place to identify where quality and or safety had been compromised. During this inspection we found the service had made improvements and was now meeting this regulation.

Staff could describe the services vision and values and how that impacted on the care they delivered. They described a mainly approachable registered manager and deputy manager and an open and honest culture where staff felt encouraged and supported.

Comments we received from staff were positive. They told us, "Most staff have stepped up. It's a passionate job", "The environment has changed, it's more of a team effort", "There are ongoing improvements", "We are a little family".

We saw the management of the service supported staff and ensured they felt valued and their wellbeing was protected. We spoke with one member of staff who told us, "I am not able to do the heavy work anymore, I am now making sure people have social interaction and a good variety of activities. [Registered manager] has been a great support to me." We discussed this with the registered manager and they said the member of staff was a great asset to the service and they did not want to lose them... "I was not going to let (member of staff) go so we offered them a different role which was not too 'heavy'". Other members of staff told us they felt supported and they worked well as a team. We saw evidence of this throughout our inspection.

Comments from people we spoke with included, "The manager and deputy are fine", "I know the manager and deputy, I see them a couple of times a week, the deputy is also a nurse and is often upstairs".

There were systems to monitor the quality and governance of the service. Governance meetings took place to review care records and follow up concerns.

The service carried out audits monthly. We saw where actions were required, these were completed.

Both the registered manager and deputy manager walked the floors daily. To ensure consistency, knowledge and communication the service held handovers on both units. Staff were informed of all unit issues, these were recorded and actioned. This was followed by an 11.00 am head of department meeting where information was cascaded to relevant departments, this was supported by a paper clinical handover which was available for all care staff.

The service participated in the Your Care Rating Residents' survey in 2017/18. This was conducted by a market research organisation. Overall performance and scores were rated positively. This demonstrated the

services commitment to hearing the views of people and families to further improve the quality of the service.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was fully aware of the requirement and had occasion where it was utilised.